

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER

RECOMMENDING COUNSELOR <i>(Name and Address):</i>	FOR COURT USE ONLY
TELEPHONE NO.:	
Superior Court of California, County of Placer <input type="checkbox"/> 10820 Justice Center Drive <input type="checkbox"/> 2501 N. Lake Blvd. P. O. Box 619072 P.O. Box 5669 Roseville, CA 95661-9072 Tahoe City, CA 96145	
Petitioner/Plaintiff:	
Respondent/Defendant:	
DECLARATION OF PRIVATE CHILD CUSTODY RECOMMENDING COUNSELOR REGARDING QUALIFICATIONS	CASE NUMBER:

1. I, (name) : _____, declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.
2. On (date): _____, I was appointed by the court to perform a child custody recommendation in this case.
3. I am licensed as a psychologist, marriage and family therapist, or clinical social worker.
4. I submit this form to indicate compliance with applicable requirements for a private child custody recommending counselor under rule 5.210 and rule 5.230 of the California Rules of Court at the time of my appointment in this case.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(Type or print name)

(Signature of declarant)